

Physical Ability Assessment Readiness Exam

NORFOLK SHERIFF'S OFFICE PHYSICAL ABILITY ASSESSMENT READINESS QUESTIONNAIRE

Name: _____

The Readiness Questionnaire is designed to assist the training staff in determining your suitability to safely participate in the Physical Ability Assessment. The assessment described on the next page is designed to simulate activities that may be performed on the job. A failure to pass the assessment for any reason (by not being able to take the assessment due to physical limitations or by taking the assessment and not meeting the standards) indicate a failure to be able to perform the duties of the job. You are required to answer the below questions. Your responses may alert both you and training staff to any possible physical limitation(s).

Circle yes or no to the following questions:

1. Has your doctor ever said that you have a heart condition **and** that you should only do physical activity recommended by a doctor?
Yes No
2. Do you feel pain in your chest when you do physical activity?
Yes No
3. In the past month, have you had chest pain when you were not doing physical activity?
Yes No
4. Currently, do you lose your balance because of dizziness or do you ever lose consciousness?
Yes No
5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
Yes No
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
Yes No
7. Do you know of any other reason why you should not do physical activity?
Yes No
If yes, what is the reason?

8. Do you know of any reason why you should not or cannot participate in the Physical Ability Assessment described on the next page?
Yes No
If yes, what is the reason?

If you answered yes to any of the above questions, the payroll and benefits manager will contact you for consultation and further inquiry as to your medical/physical limitations.

Employee Responsibility Statement

I recognize that it is my responsibility to truthfully provide accurate and complete information on this questionnaire.

Signature _____

Date _____

Physical Ability Assessment Readiness Exam

Phase I: 60 yard dash / Stair Climb / Simulated deputy drag / Wall climb/ Handcuff Drill			
Physical Task	Standard	Time	Results
60 yard dash to stairs	Run	Participants are expected to complete the course within 2:30 seconds.	Pass or Fail
Stair Climb	Up and over stairs 4 times (88 steps)		
Proceed to and through a door and to simulated deputy. Carry, lift, drag, pull, etc. the simulated deputy completely through the doorway to designated safe zone	Successfully bring simulated deputy to safe zone		
Climb over the 3' wall	Clear wall		
Handcuff drill	Successfully place simulated handcuff rings on center post		

Phase II: Push-ups / Sit-ups			
Physical Task	Standard	Time	Results
Push-ups	Demonstrate the ability to complete 5 push-ups	Must complete all 5 in one minute	Pass or Fail
Sit-ups	Demonstrate the ability to complete 5 sit-ups	Must complete all 5 in one minute	

Phase III: ¼ Mile Run			
Physical Task	Standard	Time	Results
¼ Mile Run	Successfully complete the entire run within the set time.	Participants are expected to complete the course within 2:30 seconds.	Pass or Fail

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10/8/14